

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 18 / 2015		
Mailing Address PO Box 388			Amount 37.80		
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : E4968F8CE76AC4112A81		
Purpose of Expenditure IE-Lee-Online Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 18 / 2015		
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: UT		
Calendar Year-To-Date Per Election for Office Sought		35035.28	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee U.S. Postal Service			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 21 / 2015		
Mailing Address 1100 Wythe St			Amount 800.00		
City Alexandria	State VA	Zip Code 22314-1843	Transaction ID : EF30D45320675485F896		
Purpose of Expenditure IE-Lee-Postage		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 21 / 2015		
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: UT		
Calendar Year-To-Date Per Election for Office Sought		35835.28	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	837.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
04 / 24 / 2015

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund	FEC IDENTIFICATION NUMBER ▼ C C00448696
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Allegiance Direct LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 24 / 2015	
Mailing Address 421 E E St			Amount 33052.82	
City Purcellville	State VA	Zip Code 20132-3320	Transaction ID : E15EF919CDEF7468A8EE	
Purpose of Expenditure IE-Lee-Direct Mail Production		Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 24 / 2015	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought 68888.10		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/Type 		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33052.82
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	33890.62

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

M M / D D / Y Y Y Y Y Y
04 / 24 / 2015

Signature